FILING DATE SERIAL NO. **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND, DEP. DEP. IND. DEP. TOTAL TOTAL IND, **_1** TOTAL DEP. _1 TOTAL DEP. TOTAL CLAIMS ** A. Carl * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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